

FOOD SERVICE DIVISION - PATIENT SATISFACTION SURVEY
(For use of this form see TM 8-504; the proponent agency is the Office of The Surgeon General)

In order to assist the Food Service Division in giving you satisfactory meals and service, please check "YES" or "NO" to the following questions. If you wish to make additional comments or remarks, please use the space provided for this purpose.

1. Are you on a diet which permits you to read the menu in advance and to select the size portions that you desire?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
2. Are the heated food items hot enough for you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the chilled food items cold enough for you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have all of your favorite foods been served? If answer is no, please list the food items.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you other suggestions for improving the preparation and serving of food? If your answer is yes, please list your suggestions.	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND REMARKS